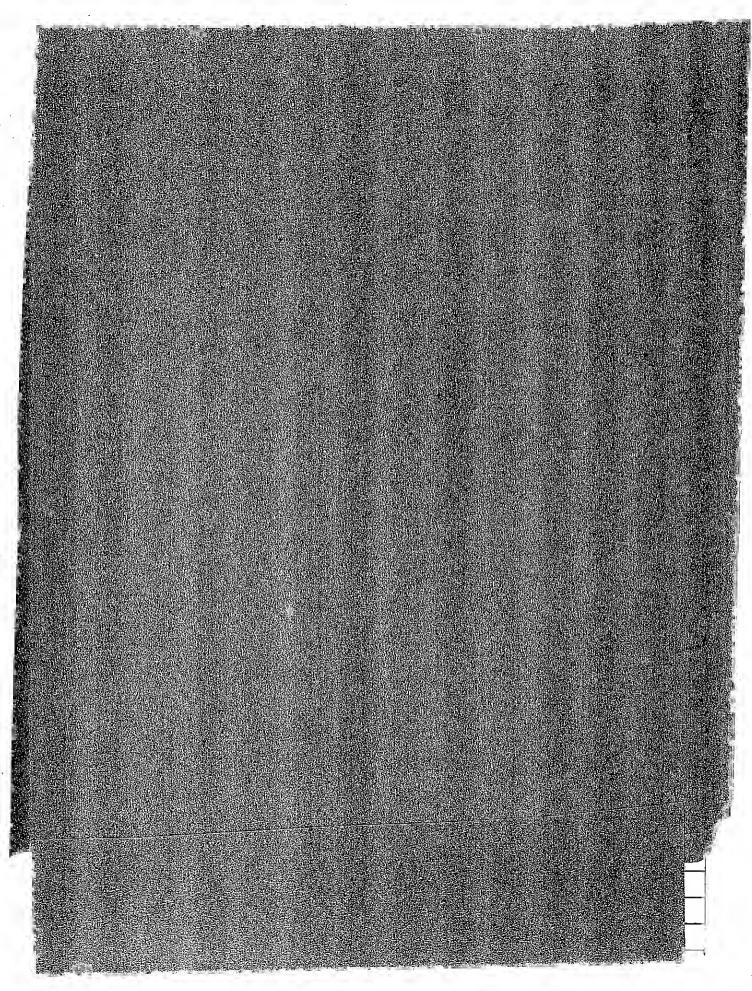
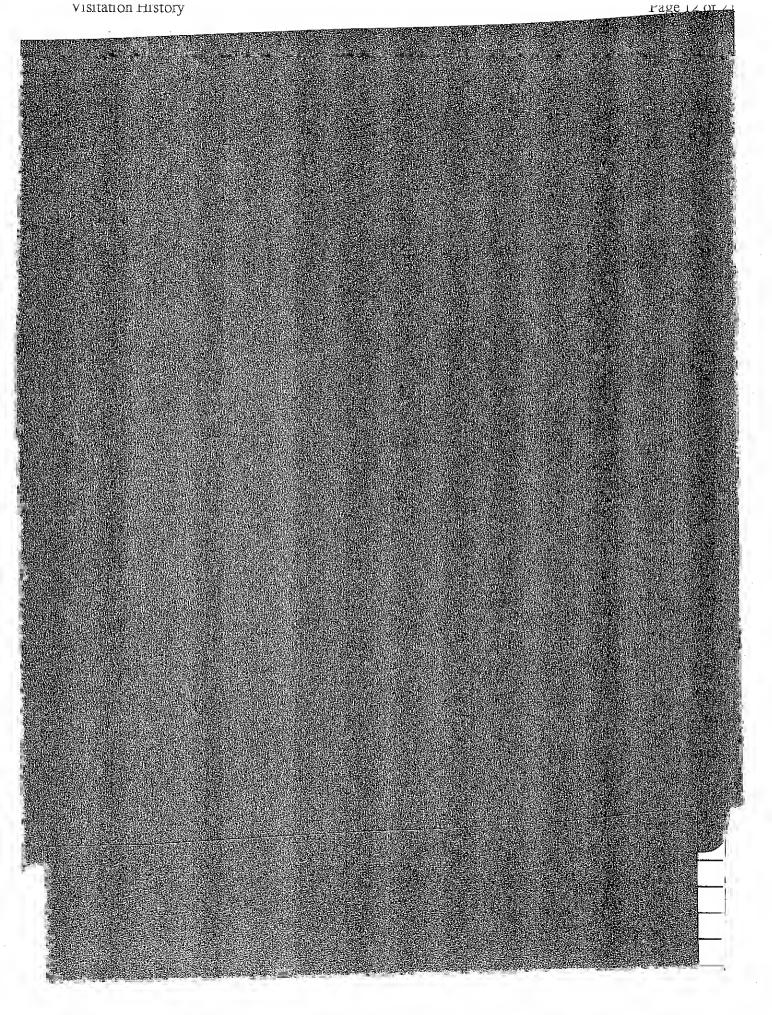
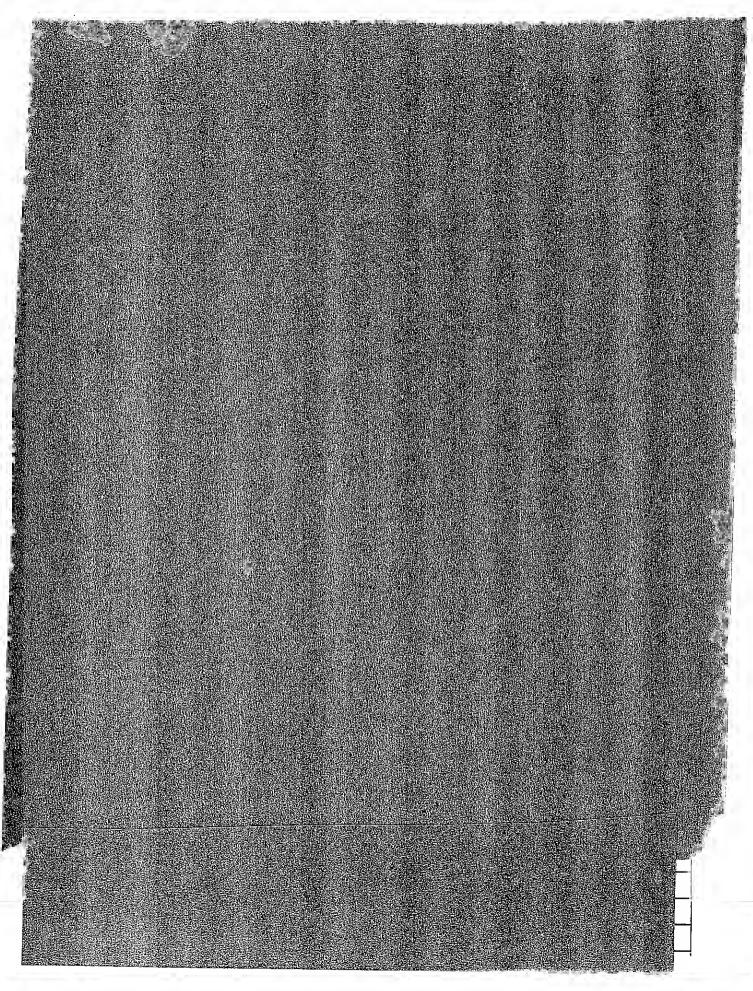


Visitation History Page 11 of 21

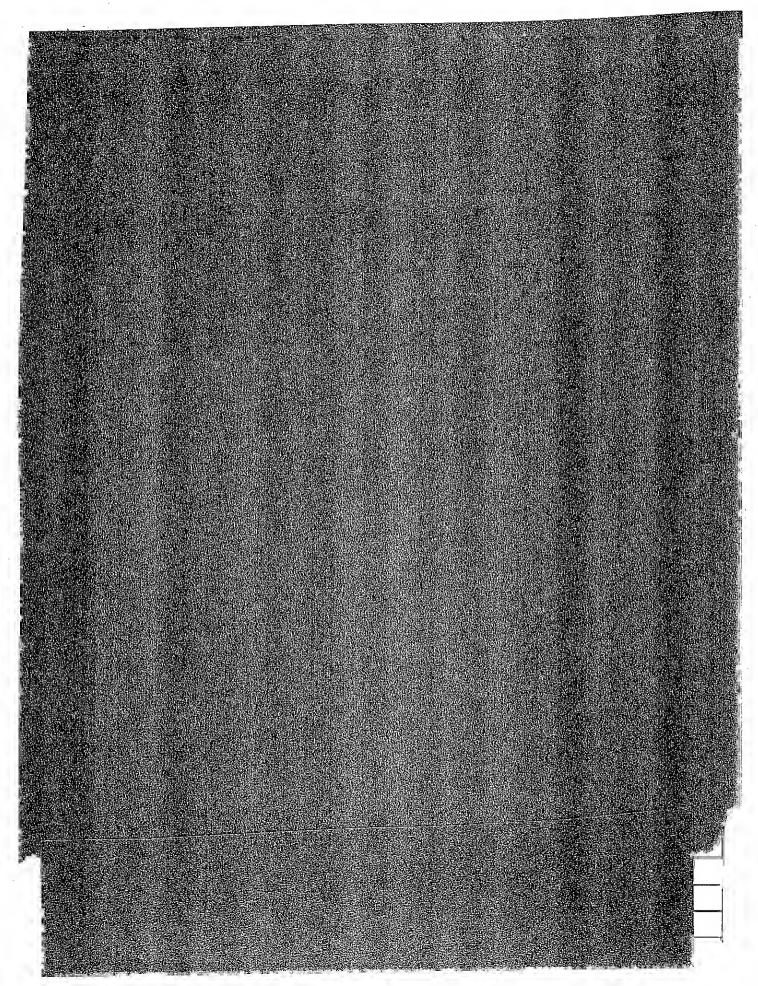




Visitation History Page 13 of 21



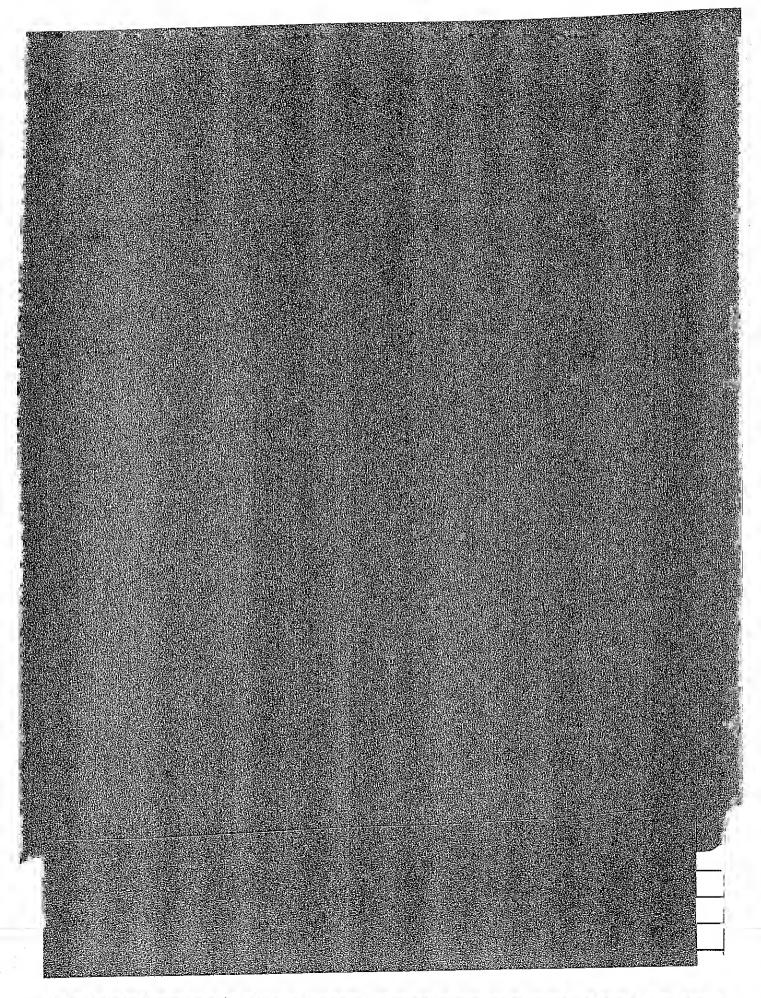
Visitation History

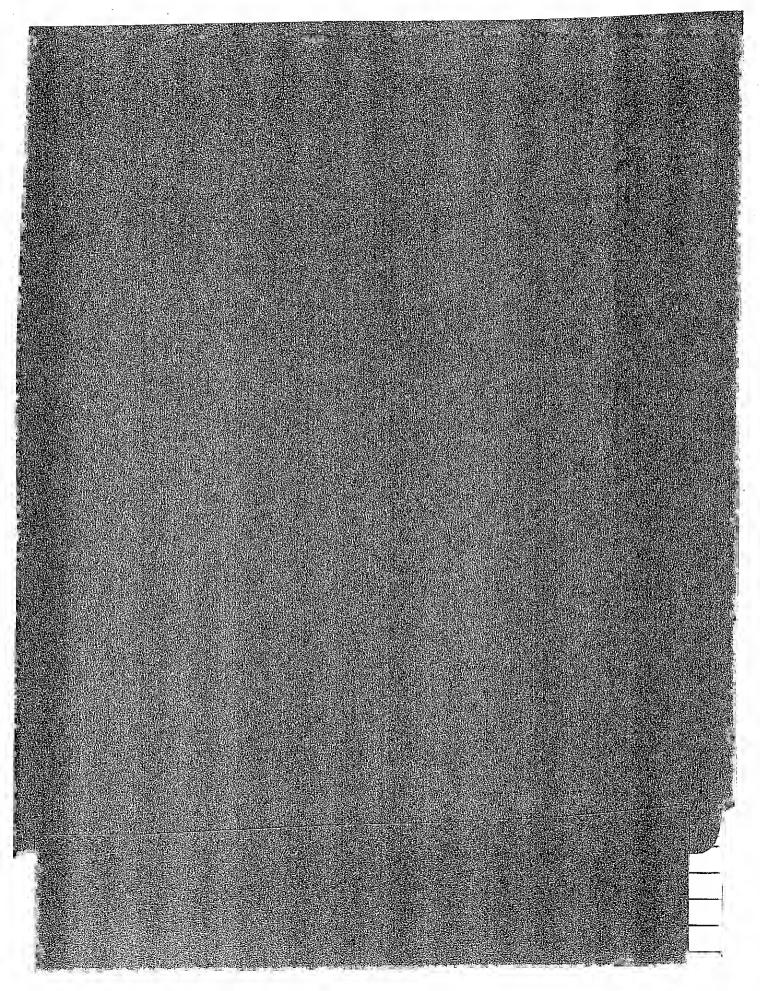


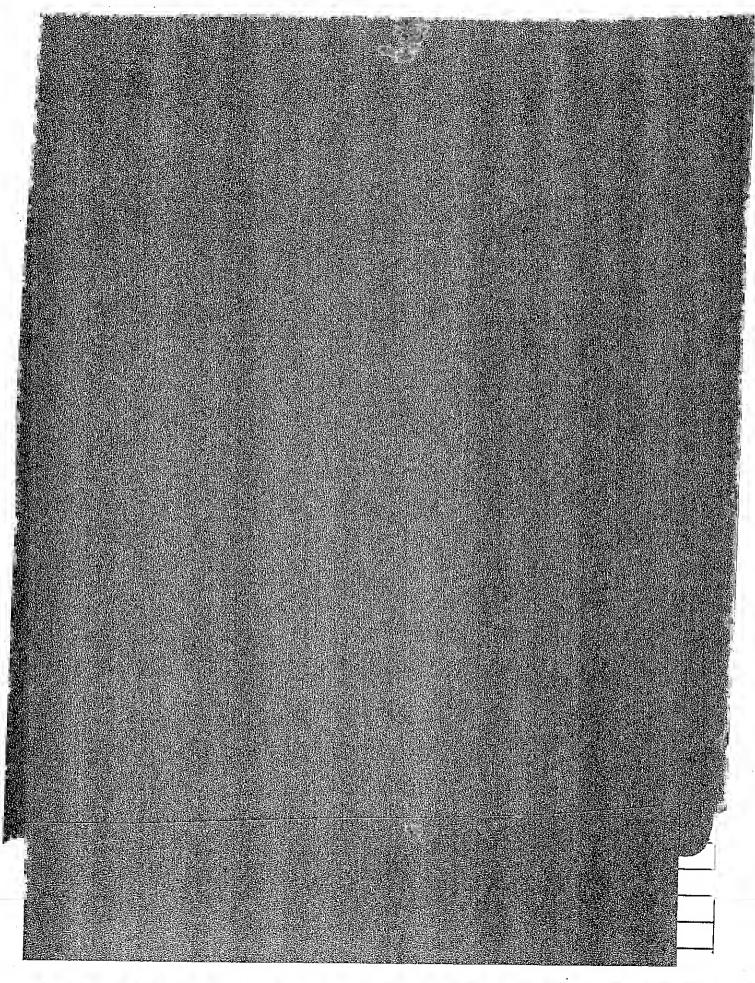
http://jscribe.dcor.state.ga.us:8888/cts/visitationHistory.do?isFromScribe=true&useCaseC...

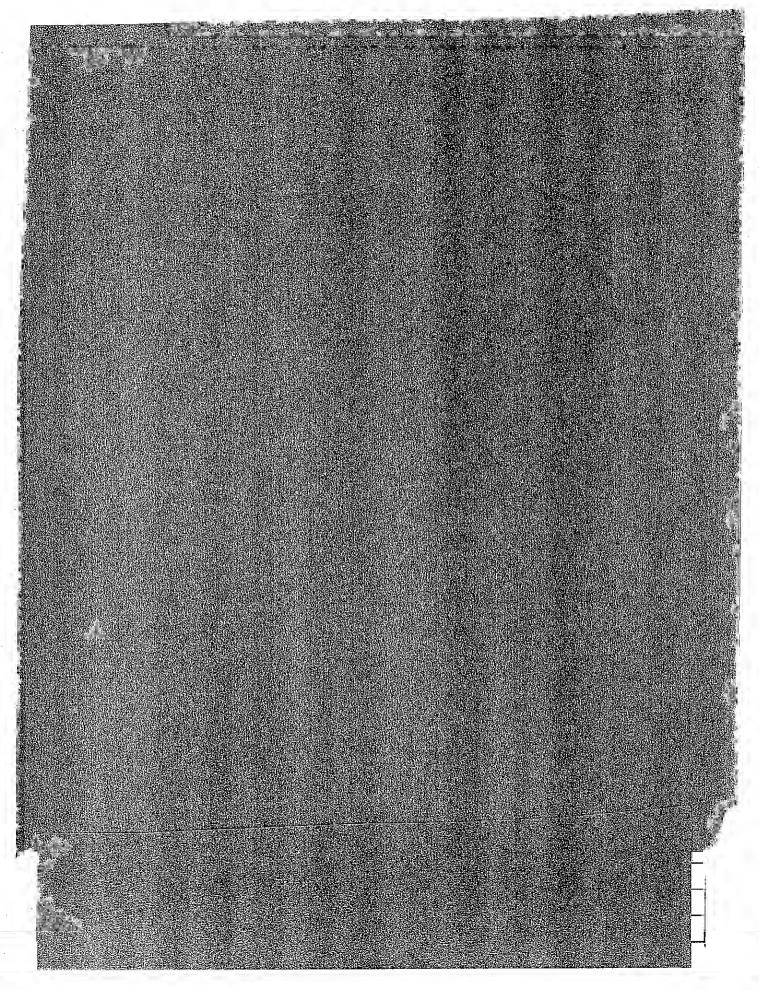
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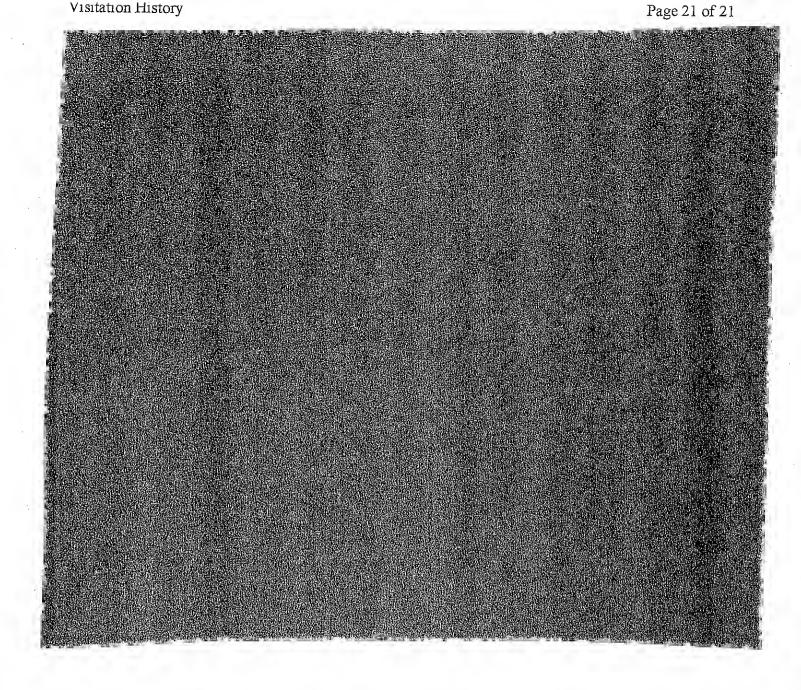
Page 15 of 21











GEORGIA DEATH CERTIFICATE

T CONTROL TO STATE OF				1	B. STATE FILE NU	MBER			
1. DECEDENT'S LEGAL FULL NAME IFIRST, MIDDLE, LAST)	1a. LAST NAME AT BIRTH (IF FEMALE) 2.				2. SEX 2a, DATE OF DEATH (MOIDAYYR)				
	Davis		N/A			Male	09/21/2011		
3. SOCIAL SECURITY NUMBER 4a. AG	E (YEARS)	4b, UNDER 1	YEAR		4c, UNDER 1 DA			5. DATE OF BIRTH [MO/DAY/YR]	
	40	MONTHS	DAYS		HOURS	MINUTES	- STATE OF BIRTH [MO/DAY/IR]		
	42		<u>l</u> .		•	1	10/09/1968		в [
6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. STF Savanitein, GA P. C		STREET AND NUMBER OF RESIDENCE P.O. BOX 3877			7ь, ZIP CODE 30233	7c. CITY OR TOWN OF RESIDENCE			
7d. COUNTY OF RESIDENCE	7e. STATE OF R	 			30233	Jacks			
. Butts	in and a						Y LIMITS 8. ARMED FORCES		
OCCUPATION 85 MATURE OF				8c, EMPLOYER		nknown v Yes XNo a Unknown		Unknown .	
171 3.5 1 1 6.5 3 1		strial			I Unknown				
9. MARITAL STATUS 10. SPOUSE'S NA		NAME.	ME 11 EATHER			NAME IFIRST, MIDDLE, LAST)			
o Married o Divorced	(IF WIFE, GIVE NAM	(IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE)				, 44-2 1110 141000	cho II.		·
o Married, but separated		A/A			Joseph I		ester Davis		Destica
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	13. DECEDENT	•	Lunere				<u> </u>		
(FIRST, MIDDLE, LAST)	0 8% grade or le	S EDUCATION	I IHIGHES		gree (a.g., 8A, AB,	. BS1		ORMANT'S N/	ME
	o 9th - 12th grade; no diptoma o Master's degree (e.g., MA, MS, MEng, Med, N Detorate (e.g., PhD, EdD) or protessional de				MEna Med MSWI	wn i			
	G Some college	credii, but no dec	2788		.g., PhD, EdD) or pr (s.g., MD, DDS, DV		and (lassific	etion
Virginia MN Roberts	.□ Yssociaje qebi	ee (s.g., AA, AS)	Ì	o Ųaknown			Pris	n	ucioi
146. RELATIONSHIP TO DECEDENT Correctional Facility	14c. MAILING A	DDRESS (STRE	ET AND N	IUMBER, CITY, COUNT Jackston	TY, STATE, ZIP CODE}	 ∄	3023	2	
15. HISPANIC ORIGIN			EDENT	'S RACE			الركان.	ر	· · · · · · · · · · · · · · · · · · ·
, ζΝο, net Spanish/Hispanic/Latino	•	1							
□ Yes, Puerto Rican		o Whit			Black/African A		o Samoa		
മ Yes, Mexican, Mexican American, Chicano		□ Japa □ Asia		_	Korean			an Indian/Al	aska Nalive
□ Yes, Cuban		□ Chin			Vietnamese Native Hawaii:		o Olher A	Asian Pacific Islani	for .
o Yes, other Spanish/Hispanic/Latino (specify)							□ Other		
_ Unknown						i	Unkno	wn	
17a, IF DEATH OCCURRED IN HOSPITAL		176. IF DEATH	OCCUF	RRED OTHER TH	AN HOSPITAL		-	·	
o inpatient o Dec				Nursing Home/Lo		illly a Deceder	ıt's Home	XOlher o	Unknown
18. FACILITY NAME Georgia Diagnostic	19. FACILITY A	DDRESS (STRE		NUMBER, CITY, STATE				JNTY OF DEA	
and Classification Prison 21. METHOD OF DISPOSITION	P.O. Box	3877		Jackson_	<i>G</i> Z	-30233	<u> </u>	Butts	
		DISPOSITION	WAME A	ND COMPLETE ADDR	(ESB)		23, DAT	E OF DISPOS	ITION .
ତ Burial ଓ Donalion ଓ Removal from Sla	(e								
□ Cremation o Enlombment □ Other						·	.		•
24a, EMBALMER'S NAME & CERTIFIED INITIALS							 24b, L10	CENSE NUMB	ER
25, FUNERAL HOME NAME			·						
25, FUNERAL HOME NAME	25a. FUNERA	L HOME ADDRI	ESS įst	REET AND NUMBER	CITY, COUNTY, STATE	E, ZIP COOE)			
26. FUNERAL DIRECTOR'S NAME (PRINT)	26a, SIGNATU	RE OF FUNER	AL DIR	ECTOR			26b, L1	CENSE NUME	ER
27. OATE PRONOUNCED DEAD 28. TIME PRONOUI	ICED DEATH 200	PRONDLING	amparezuen D'O N'A		unducandiducan	and a land of the second of the	Shape and the same of the same	of a live of the same and the	
(MO/DAY/YR)		NONDONCE	-14 9 N/-	AND HITE (F	'HIN1)				
29b. PRONOUNCER'S LICENSE NUMBER							30. AC OF DE	TUAL OR PRE	SUMED TIME

GEORGIA DEATH CERTIFICATE

TH CERTIFICATE NUMBER				B. STATE FILE NU				
1, OECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST)	1a, LAST NAME AT		2, SEX	2a. DATE OF OEATH (MO/DAYMR)				
Troy Anthony Davis		N/A			Male	09/21/2011		
3. SOCIAL SECURITY NUMBER 4a. AGE (CIAL SECURITY NUMBER 4a. AGE (YEARS)		4b, UNOER 1 YEAR 4c. UND			5. OATE OF BIRTH (MO/DAY/YR)		
	12	MONTHS OAY	'S	HOURS	MINUTES	10/09/1968		
	7a, STREET AND P.O. BOX	NUMBER OF RES 3877	OENCE	7ь, ZIP COOE 30233		R TOWN OF RESIDENCE CKSON		
7d, COUNTY OF RESIDENCE 7e. STATE		ESIOENCE	7f. COUNTRY		7g. INSIDE CITY LIMITS 8, ARMED FOR			
. Butts	ÇA.	A US		X.	□YesX No□Unknown □Yes		□Yes XNo a Unknown	
Ba. OCCUPATION Tire Mounting/Machine Shop	вь, nature of Inclu	strial	SINESS BC. EMPLOYER TIAL UNKNOWN					
9. MARITAL STATUS	AME 11. FATH PRIOR TO FIRST MARRIAGE)			NAME (FIRST, MIDDLE, LAST)				
□ Married □ Divorced □ Married but separaled ⋉ Never Married □ Widowed □ Unknown	N	/A	·	Joseph		Lester	Davis	
FIRST, MIDOLE, LAST)	EOUCATION (HIGHEST LEVEL) no diploma no diploma duate or GED completed edil, but no dagree e (e.g., AA, AS) UNKNOWN			MEng, Med, MSW) Georgia Diagnostic				
14b. RELATIONSHIP TO DECEDENT Correctional Facility	14c, MAILING AC P.O. BOX	OORESS (STREET AND 3877	NUMBER, CITY, COUN Jackson		ŻA.	3023	· <u>·</u>	
15. HISPANIC ORIGIN CXNo, nol Spanish/Hispanic/Lalino OYes, Puerto Rican OYes, Mexican, Mexican American, Chicano OYes, Cuban		16. DECEOEN White Dispanes Asian Inc	e o lian o	Black/African Korean Vletnamese Native Hawai		□ Other /	an Indian/Alaska Nati	
□ Yes, other Spanish/Hispanic/Lalin□ (specify) □ Unknown		o Filipino		Guarnanian/C		Other Unkno		
17a, IF OEATH OCCURREO IN HOSPITAL	-	7b. IF OEATH OCC Hospice Facility			clilly is Oecede	ınl's Home	**(Olher o Unknown	
148		DDRESS (STREET AN		· · · · · · · · · · · · · · · · · · ·			UNTY OF DEATH	
18. FACILITY NAME Georgia Diagnostic	1				30233	20.00	Butts	
and Classification Prison	P.O. POX	DISPOSITION INAM		GA.	3(1/2.3.3	23 DA	TE OF OISPOSITION	

25a, FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)

o Burial

Donation

□ Cremation □ Entombment □ Other

25. FUNERAL HOME NAME

24a. EMBALMER'S NAME & CERTIFIEO INITIALS

o Removal from State

Butts
23, DATE OF OISPOSITION
(MCIDAYAR)

24b. LICENSE NUMBER

265 LICENSE NUMBER